2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 01, 2001 8:00 am Secretary of State DOCUMENT # P97000079444 P.L. BURNHAM, INC. 05-01-2001 90104 039 ***150.00 Principal Place of Business Mailing Address 1109 11TH COURT, NE 1109 11TH COURT, NE white the world WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3483 161 No: Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNHAM, PERRY Street Address (P.O. Box Number is Not Acceptable) 1109 11TH COURT, NE WINTER HAVEN FL 33881 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Chance Addition. TIME BURNHAM, PERRY NAME NAME 1109 11TH COURT, NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 TITLE Delete TITLE NAME STREET AGDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TIFLE ☐ Delete T.T.E [7] Change ☐ Addition MARZE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-SY-ZiP Delete TOTALE ☐ Chappe Addition TITLE NAME NAME STREET ACCRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 f

Perry Burnham 04/20